



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmie Lewis, 506602  
1E Pod

FROM: ~~Warden Raphael Williams~~

DATE: February 15, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Interstate transfers occur through the classification process. Please work with your unit counselor.*

RW:adc

**DISTRIBUTION**

Michele Salter, Unit Counselor  
File

EXHIBIT # 7



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19801  
Telephone: (302) 429-7719  
Fax: (302) 429-7708

Dave Williams  
Security Superintendent

**MEMORANDUM**

TO: Jimmy Lewis # 506622  
1E ✓

FROM: Major Dave Williams *[Signature]* 2/22

DATE: February 22, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

*This office is in receipt of your recent correspondence. Your request for all disciplinary and incident reports pertaining to you during your incarceration here at HRYCI is denied. The information you request is confidential and released by subpoena only.*

DW:sm

**DISTRIBUTION**

File



STATE OF DELAWARE  
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Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmy Lewis, 506622  
1E Pod

FROM: Warden Raphael Williams

DATE: December 28, 2004

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence, to this office, has been forwarded to Sergeant Mary Moody for any action or response deemed appropriate.*

RW:adc

**DISTRIBUTION**

Sergeant Mary Moody  
File



STATE OF DELAWARE  
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Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: *Jimmie Lewis, 506622*  
*1E Pod 15*

FROM: *Warden Raphael Williams*

DATE: *January 7, 2005*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

*Your recent correspondence, to this office, has been forwarded to Captain David Bamford and Captain Philip Parker for any action or response deemed appropriate.*

*RW:adc*

***DISTRIBUTION***

*File*



STATE OF DELAWARE  
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Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmie Lewis, 506622  
1E Pod

FROM: Warden Raphael Williams *[Signature]*

DATE: January 4, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence, to this office, has been forwarded to Captain David Bamford for any action or response deemed appropriate.*

RW:adc

**DISTRIBUTION**

Captain David Bamford  
File



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
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WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmie Lewis, 506622  
1E Pod

FROM: Warden Raphael Williams *[Signature]*

DATE: January 4, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence, to this office, has been forwarded to Captain David Bamford for any action or response deemed appropriate.*

RW:adc

**DISTRIBUTION**

Captain David Bamford  
File



STATE OF DELAWARE  
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Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmie Lewis, 506622  
1B Pod

FROM: ~~Warden Raphael Williams~~

DATE: March 23, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence to this office has been forwarded to Captain Mark Emig for any action or response deemed appropriate.*

RW:adc

**DISTRIBUTION**

Captain Mark Emig  
File



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
1301 EAST 12<sup>TH</sup> STREET  
WILMINGTON, DELAWARE 19809  
Telephone: (302) 429-7747  
Fax: (302) 429-7716

Raphael Williams  
Warden IV

**MEMORANDUM**

TO: Jimmy Lewis, 506622  
1E Pod

FROM: ~~Warden Raphael Williams~~

DATE: December 28, 2004

SUBJ: **YOUR RECENT CORRESPONDENCE**

*Your recent correspondence, to this office, has been forwarded to Sergeant Mary Moody for any action or response deemed appropriate.*

RW:adc

**DISTRIBUTION**

Sergeant Mary Moody  
File



# Harriet Tubman Safe House, Inc

## Sentence Letter

NAME JIMMIE LEWIS SBI 506622

DOB 12/25/66

Sentence Date 2/11/05 POD#

Case Number 0305016966

District Attorney BRIAN J. ROBERTSON

Public Defender JOHN S. EDINGER JR

Judge PEGGY L. ABLEMAN

Court SUPERIOR COURT, NEW CASTLE CO.

Probation/Parole Officer D/A

Arrest Date 5/26/2003

Offenses/Charges 2° CARJACKING BY DURESS  
4° THEFT \$1000 OR GREATER  
RESISTING ARREST

Signature Jimmie Lewis Date 2/15/05

### HARRIET TUBMAN'S SAFE HOUSE, INC.

914 EAST 7<sup>th</sup> STREET  
WILMINGTON DE 19801

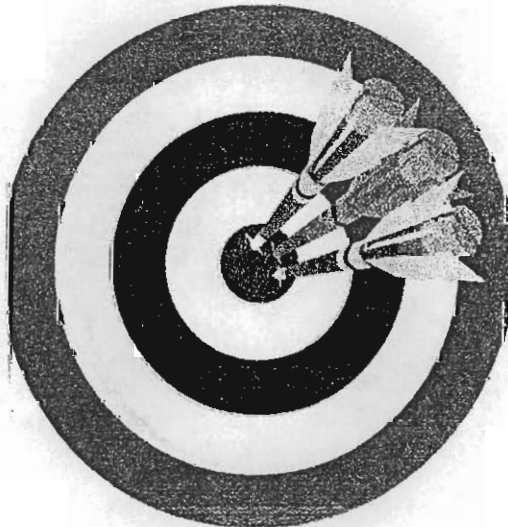
Home: (302) 425-5758 Office: 425-5758  
Cell: (302) 425-5758 x: (302) 425-5758

EARL W. WOODLEN, Jr. STREET ADVISOR

FREE ONE YEAR DRUG PROGRAMS

BOUNTY HUNTER FOR:

STREET WALKERS, DRUG ADDICTS & DEALERS  
I'M HERE TO HELP ON ANY MATTER



# TROSA

About TROSA Businesses Vocational Training Education Aftercare TROSA Life Contact Us  
Mission History Resident Profile Success Stories Awards How to Apply

The process to become a resident a TROSA is different depending on whether or not the individual who is applying to TROSA is incarcerated. Please read the processes below and follow the procedures described.

## If the applicant is incarcerated

1. The applicant must write a 2-3 page autobiography and send it to TROSA, addressed to the Intake Specialist. In the autobiography, the applicant must specifically ask for help from TROSA. As part of the application process, it is helpful if the applicant's attorney contacts the Intake Specialist.
2. The Intake Specialist will read the applicant's letter and determine whether or not the applicant will be interviewed. TROSA representatives conduct interviews every Saturday, and the Intake Specialist will contact the applicant if an interview will be arranged.
3. TROSA representatives will interview the applicant. At the end of the interview, the TROSA representatives will make a decision about whether or not the applicant has been accepted into TROSA. The applicant will be told immediately about the decision.
4. The Monday after the Saturday interview, acceptance letters will be sent to the applicant or to the applicant's lawyers. At that point, the final decision as to whether or not an individual can come to TROSA is in the hands of the residing Judge of the applicant's case.

## If the applicant is not incarcerated

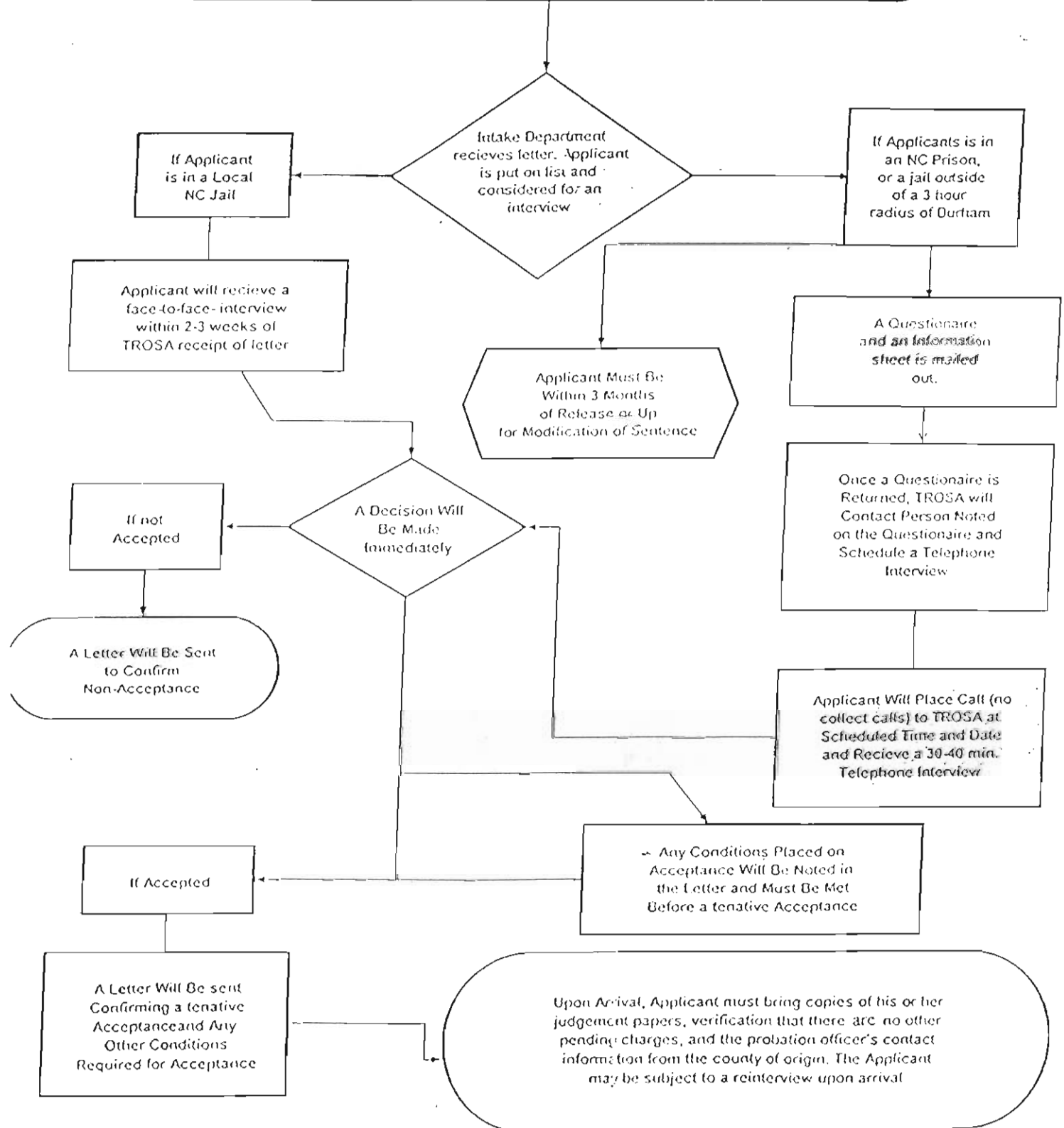
1. The applicant must come to TROSA for a face-to-face interview. Interviews are done on a walk-in basis, Monday through Saturday, between 9:00 AM and 3:00 PM. The interview process typically lasts around an hour and a half. All applicants must arrange their own transportation to and from TROSA.
2. TROSA representatives will interview the applicant. At the end of the interview, the TROSA representatives will make a decision about whether or not the applicant has been accepted into TROSA. The applicant will be told immediately about the decision.
3. If the applicant has been accepted into TROSA and the applicant has no pending charges, the applicant can begin their residency at TROSA that very same day. However, if the applicant has pending charges, the charges must be resolved before the applicant can come into the TROSA program.

If you have further questions, please contact the Intake Department at (919) 419-1059 or via email, [intake@trosainc.org](mailto:intake@trosainc.org).



# This Chart Describes the Proper Pcedures for in-state applicants

Initial letter of request and autobiography is written by the applicant and sent to:  
TROSA Intake Department  
1820 James Street  
Durham, NC 27707





# SENTENCING WORKSHEET

Time:

Sent to Judge:

Defendant Name: <u>Lewis Jimmy</u>		Date: <u>02-11-05</u>
AKA:		Judge: <u>PLA</u>
ID Number: <u>D305016966</u>	DOB: <u>12-25-66</u>	
Criminal Action Number:	Charge: <u>Carjacking 2nd</u>	
Prefix <u>IN</u> Number <u>03-06-0175</u> Suffix		
FINANCIAL		
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$ <input type="checkbox"/> 15% <input type="checkbox"/> 10%
		<input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION		
<input type="checkbox"/> In Violation of Probation/Contempt	<input type="checkbox"/> Revoked	<input type="checkbox"/> Continued <input type="checkbox"/> Modified <input type="checkbox"/> Discharged
Effective:	Beginning: _____	
Be imprisoned for <u>5</u> years _____ months _____ days At Level <u>5</u>	Ending: _____	
Level 5 Treatment:	Eff Date: <u>5/26/03</u>	
<input type="checkbox"/> Min. Mandatory Time: _____ Title/Sec: _____	<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served	
<input type="checkbox"/> Suspended Immediately		
<input type="checkbox"/> Susp After _____	<input type="checkbox"/> time served for _____ at Level _____	<input type="checkbox"/> Plummer/Home Conf/Day Reporting
<input type="checkbox"/> Susp After _____	<input type="checkbox"/> time served for _____ at Level _____	<input type="checkbox"/> Plummer/Home Conf/Day Reporting
<input type="checkbox"/> Susp After _____	<input type="checkbox"/> time served for _____ at Level _____	<input type="checkbox"/> Plummer/Home Conf/Day Reporting
Followed By: _____ at Level _____ Balance at Level _____		
Probation for _____ at Level _____	Suspended after _____ for _____ at Level _____	
<input type="checkbox"/> Consecutive to:	<input checked="" type="checkbox"/> Concurrent with:	
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) <u>3</u> <u>5</u>	<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.	
RESTITUTION	TO:	Amount:
<input type="checkbox"/> Determined by Presentence Memo	Address:	
CONDITIONS	<input type="checkbox"/> Pay costs, fines, restitution during _____ <input type="checkbox"/> Probationary period <input type="checkbox"/> Previously Ordered	
<input type="checkbox"/> Work Referral <input type="checkbox"/> TASC Supervision/Evaluation	<input type="checkbox"/> SEX OFFENDER: (circle one) <u>COMMITMENT</u>	
<input type="checkbox"/> Pay Costs of Supervision <input type="checkbox"/> One Time Fee <input type="checkbox"/> Determined by Probation	Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft.	
<input type="checkbox"/> Community Service: _____ Hours	<input type="checkbox"/> Victim <input type="checkbox"/> Codefendant	
<input checked="" type="checkbox"/> No Contact with <u>Patrick Geer</u>		
<input type="checkbox"/> No Driving for _____		
<input checked="" type="checkbox"/> Subst Abuse Eval <input type="checkbox"/> Alcohol Treatment <input checked="" type="checkbox"/> Mental Health		
<input type="checkbox"/> Residential Drug/Alc <input type="checkbox"/> Job Training <input type="checkbox"/> Obtain GED		
<input type="checkbox"/> Outpatient Drug/Alc <input type="checkbox"/> Fully Employed <input type="checkbox"/> Random Urinalysis		
<input type="checkbox"/> 4177 DUI Program <input type="checkbox"/> Zero Tolerance		
<input type="checkbox"/> Follow Original Conditions of Probation <u>Anger Management</u>		
<input checked="" type="checkbox"/> Nolle Prosses entered on remaining charges	PR \$	
<input checked="" type="checkbox"/> Nolle Prosses entered on Criminal Action Number(s):	SH \$	
	TOTAL \$	

DEF. ATTY:

DAG:

CLERK:

CT. REP:

Edinger

Robertson

Ferry

Coale

AKC

506644

# SENTENCING WORKSHEET

Time:

Sent to Judge:

Defendant Name:		Date: 02-11-05	
AKA: Lewis, Jimmy		Judge: PLA	
ID Number: D305616966		DOB: 12-25-66	
Criminal Action Number:		Charge: Theft 1000 or >	
Prefix IN	Number D3-06-0176	Suffix	
FINANCIAL			
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$	<input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION			
<input type="checkbox"/> In Violation of Probation/Contempt		<input type="checkbox"/> Revoked	<input type="checkbox"/> Continued
<input type="checkbox"/> Modified		<input type="checkbox"/> Discharged	
Effective:		Beginning:	
Be imprisoned for 2 years months days At Level 5		Ending:	
Level 5 Treatment:		Eff Date:	
<input type="checkbox"/> Min. Mandatory Time:		Title/Sec:	<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served
<input type="checkbox"/> Suspended Immediately			
<input checked="" type="checkbox"/> Susp After 1y	<input type="checkbox"/> time served for 1y	at Level 4	<input checked="" type="checkbox"/> Plummer/Home Conf/Day Reporting
<input checked="" type="checkbox"/> Susp After 6m	<input type="checkbox"/> time served for 6m	at Level 3	<input type="checkbox"/> Plummer/Home Conf/Day Reporting
<input type="checkbox"/> Susp After	<input type="checkbox"/> time served for	at Level	<input type="checkbox"/> Plummer/Home Conf/Day Reporting
Followed By: at Level Balance at Level			
Probation for at Level		Suspended after for at Level	
<input type="checkbox"/> Consecutive to:		<input checked="" type="checkbox"/> Concurrent with:	
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) 3 5		<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.	
RESTITUTION	TO:	Amount:	
<input type="checkbox"/> Determined by Presentence Memo	Address:		
CONDITIONS			
<input type="checkbox"/> Pay costs, fines, restitution during		<input type="checkbox"/> Probationary period <input type="checkbox"/> Previously Ordered	
<input type="checkbox"/> Work Referral <input type="checkbox"/> Pay Costs of Supervision <input type="checkbox"/> Community Service: Hours <input type="checkbox"/> No Contact with <input type="checkbox"/> No Driving for <input type="checkbox"/> Subst Abuse Eval <input type="checkbox"/> Residential Drug/Alc <input type="checkbox"/> Outpatient Drug/Ajc <input type="checkbox"/> 4177 DUI Program <input type="checkbox"/> Follow Original Conditions of Probation		<input type="checkbox"/> TASC Supervision/Evaluation <input type="checkbox"/> One Time Fee <input type="checkbox"/> Determined by Probation <input type="checkbox"/> Victim <input type="checkbox"/> Codefendant <input type="checkbox"/> Alcohol Treatment <input type="checkbox"/> Job Training <input type="checkbox"/> Fully Employed <input type="checkbox"/> Zero Tolerance <input type="checkbox"/> Mental Health <input type="checkbox"/> Obtain GED <input type="checkbox"/> Random Urinalysis	
<input type="checkbox"/> SEX OFFENDER: Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft.		(circle one) COMMITMENT RELEASE DEFERRED: COMMITMENT	
<input checked="" type="checkbox"/> Nolle Prosses entered on remaining charges		PR \$	
<input checked="" type="checkbox"/> Nolle Prosses entered on Criminal Action Number(s):		SH \$	
		TOTAL \$	

DEF. ATTY:

Edinger

DAG:

Robertson

CLERK:

Ferry

CT. REP:

Coale



12451  
**SENTENCING WORKSHEET**

Time:

Sent to Judge:

Defendant Name: <u>Lewis, Jimmy</u>		Date: <u>02-11-05</u>	
AKA:		Judge: <u>PLA</u>	
ID Number: <u>0305016966</u>		DOB: <u>12-25-66</u>	
Criminal Action Number:		Charge: <u>Resist Arrest</u>	
Prefix <u>IN</u>	Number <u>03-06-0177</u>	Suffix	
FINANCIAL			
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$	<input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION			
<input type="checkbox"/> In Violation of Probation/Contempt	<input type="checkbox"/> Revoked	<input type="checkbox"/> Continued	<input type="checkbox"/> Modified <input type="checkbox"/> Discharged
Effective:		Beginning: _____	
Be imprisoned for _____ years _____ months _____ days At Level <u>5</u>		Ending: _____	
Level 5 Treatment: _____		Eff Date: _____	
<input type="checkbox"/> Min. Mandatory Time: _____ Title/Sec: _____		<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served	
<input checked="" type="checkbox"/> Suspended Immediately			
<input type="checkbox"/> Susp After _____		<input type="checkbox"/> time served for <u>01y</u> at Level <u>2</u> <input type="checkbox"/> Plummer/Home Conf/Day Reporting	
<input type="checkbox"/> Susp After _____		<input type="checkbox"/> time served for _____ at Level _____ <input type="checkbox"/> Plummer/Home Conf/Day Reporting	
<input type="checkbox"/> Susp After _____		<input type="checkbox"/> time served for _____ at Level _____ <input type="checkbox"/> Plummer/Home Conf/Day Reporting	
Followed By: _____ at Level _____ Balance at Level _____			
Probation for _____ at Level _____		Suspended after _____ for _____ at Level _____	
<input type="checkbox"/> Consecutive to:		<input checked="" type="checkbox"/> Concurrent with:	
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) <u>3</u> <u>5</u>		<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.	
RESTITUTION	TO:	Amount:	
<input type="checkbox"/> Determined by Presentence Memo	Address:		
CONDITIONS	<input type="checkbox"/> Pay costs, fines, restitution during _____ <input type="checkbox"/> Probationary period: <input type="checkbox"/> Previously Ordered		
<input type="checkbox"/> Work Referral <input type="checkbox"/> TASC Supervision/Evaluation <input type="checkbox"/> Pay Costs of Supervision <input type="checkbox"/> One Time Fee <input type="checkbox"/> Determined by Probation <input type="checkbox"/> Community Service: _____ Hours <input type="checkbox"/> Victim <input type="checkbox"/> Codefendant <input type="checkbox"/> No Contact with _____ <input type="checkbox"/> No Driving for _____ <input type="checkbox"/> Subst Abuse Eval <input type="checkbox"/> Alcohol Treatment <input type="checkbox"/> Mental Health <input type="checkbox"/> Residential Drug/Aic <input type="checkbox"/> Job Training <input type="checkbox"/> Obtain GED <input type="checkbox"/> Outpatient Drug/Aic <input type="checkbox"/> Fully Employed <input type="checkbox"/> Random Urinalysis <input type="checkbox"/> 4177 DUI Program <input type="checkbox"/> Zero Tolerance <input type="checkbox"/> Follow Original Conditions of Probation		<b>SEX OFFENDER:</b> Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft.	
<input checked="" type="checkbox"/> Noile Prosses entered on remaining charges <input type="checkbox"/> Noile Prosses entered on Criminal Action Number(s):		(circle one) <input type="checkbox"/> COMMITMENT <input type="checkbox"/> RELEASE <input type="checkbox"/> DEFERRED COMMITMENT	
		PR \$	
		SH \$	
		TOTAL \$	

DEFT: Edinger

DAG: Robertson

CLERK: Ferry

CL REP: Coale

EXHIBIT # 6

DISCIPLINARY DATES  
REQUESTEDJIMMIE LEWIS  
SEI # 506622

7-6-2003	9-26-2003	5-03-2004
7-7-2003	9-27-2003	10-26-2004
7-21-2003	10-02-2003	11-07-04
7-24-2003	12-10-2003	11-19-2004
8-13-2003	1-05-2004	12-02-2004
8-15-2003	1-25-2004	12-04-2004
9-11-2003	1-30-2004	12-06-2004
9-14-2003	2-07-2004	2-02-05
9-15-2003	3-03-2004	2-17-05
9-16-2003	3-04-2004	
9-19-2003	4-14-2004	
9-23-2003	4-23-2004	
9-25-2003	4-28-2004	

FORM #: 127 (F&amp;B)

(2-part NCR)

Revised: 6/01

NOTICE OF DISCIPLINARY HEARING  
FOR MINOR/MAJOR OFFENSE

P. 2

To be completed by  
Hearing Office  
DR #3004452TO: Inmate: LEWIS, JIMMY SBI#: 506622 HOUSING UNIT: INF

1. You will be scheduled to appear before the Hearing Office to answer charges pending against you. (Staff are to explain the charges as listed on the 122.)
2. At that time, a hearing will be held to determine whether you violated Institutional Rule(s) as alleged in the attached Disciplinary Report.  
How do you plead? ☐ Guilty ☒ Not Guilty
3. A "Minor Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Written Reprimand
  - b. Loss of one or more privileges for a period of time of more than 24 hours but less than 5 days.
4. A "Major Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Loss of one or more privileges for a period of more than 15 days but less than 90 days.
  - b. Confinement to assigned quarters for a period of time not to exceed 30 days.
  - c. Isolation confinement for a period of time not to exceed 30 days.
  - d. Loss of good time for a period not to exceed 30 days.  
(Forfeiture of accumulated good time shall be subject to the approval of the Commissioner or his designee.)
5. You have the right in the disciplinary process as stated on the lower and back of this page. These have been fully explained to you at the time of this notification.
6. Counsel requested? ☐ Yes ☒ No Name of Counsel: \_\_\_\_\_
7. Witness requested? ☒ Yes ☐ No Name(s) of Witness: HALEY #17 (ID)  
BROWN, T-ES #17  
ID
8. Confront accuser? ☒ Yes ☐ No

I certify that on 4/23/04 at 1245, I served  
(date) (time)upon the above inmate this notice of Disciplinary  
Hearing for Minor/Major Offense and (2) the  
Disciplinary Report is attached hereto.I have received copies of 122 & 593 and  
understand my rights as Form #593 has been read  
to me.Sergeant Fred Hly  
(Employee's Signature & Title)[Signature]  
(Inmate's Signature)

## INMATE RIGHTS IN THE DISCIPLINARY PROCESS

## MINOR OFFENSE

Right to Remain Silent: If you are charged criminally based upon the same facts giving rise to the disciplinary process, you have the right to remain silent at the Disciplinary Hearing. In all other circumstances, silence at the Disciplinary Hearing may be considered against you.Presence: You have the right to be present at all phases of the hearing, except that you may be excluded during the Hearing Officer's deliberations and at any time your behavior becomes disruptive to the proceedings. Reason for such exclusions shall be stated in writing.



WILMINGTON DE. 19809

Phone No. 302-429-7700

**DISCIPLINARY REPORT**

EXHIBIT R, P.1

Disciplinary Type: Class1

Housing Unit: Infirmar

IR#: 3006591

SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00506622	Lewis, Jimmy	HRYCI	Pod 1D	04/23/2004	09:50

Violations: 1.06/200.203 Disorderly or Threatening Behavior, 1.13 Fighting

Witnesses: 1. Armstrong, Archie

2. N/A

3. N/A

**Description of Alleged Violation(s)**

On Or About 4-23-04 At Approximately 0950, On 1-D-Pod, I/M Davis, William Sbi# 00162762, Cell#15 And I/M Lewis, Jimmy Sbi# 00506622, Cell#5 Were Arguing On The Dayroom Floor, During Chow. It Became Disorderly And Threatening. Then Punches Wer Thrown By Inmates. I C/O Armstrong Gave Both Inmates A Direct Order To Lock-In. Both Inmates Proceeded To Lock-In With N Further Problems.

Reporting Officer: Armstrong, Archie (Correctional Officer)

**Immediate Action Taken**

Immediate action taken by: Armstrong, Archie -Correctional Officer

Notified Lead Worker

**Offender Disposition Details**

Disposition: Other

Date: 04/23/2004 Time: 12:48 Cell secured? Yes

Reason: N/A

Disposition Of Evidence: N/A

**Approval Information**

Approved: ☐ Disapproved: ☐ Approved By: ( )

Comments: N/A

**Shift Supervisor Details**

Date Received: 04/23/2004 Time: 12:48 Received From:     

**Shift Supervisor Determination:**

- ☐ Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for          hours not to exceed 24 hours)
- ☒ Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearin

( )

I have received a copy of this notice on DATE: 4/23/04 TIME: 1245 and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.

Preliminary Hearing

Officer:

Sergeant Fred Way  
Way, Fred III

Offender:

Lewis, Jimmy

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

**DISCIPLINARY HEARING DECISION**

Inmate : Lewis, Jimmy

SBI#: 00506622 Type: Class 1

Institution: HRICI Howard R. Young Correctional Institution

Hearing Date: 11/21/2004 Time: 13:30

Inmate Present: Yes Reason(If No): N/A

Violation: 1.10 Failure to Abide by Sanctions or Conditions of a Class I or Class II Disciplinary Action, 2.06/200.108 Failing to Obey an Order, 2.11/200.102 Off Limits

Inmate PLEA: Not Guilty

Inmate Statement: Inmate states that he was never informed of the 24 hrs loop and feels that he didn't have a 24hr loop. Feels he should be able to confront his accuser. Is questioning the hearing process. Stated that he was never served properly because of his PCO II status

Witness Name: Cannon, C/O

Testimony : Submitted report on incident

Witness Name: Gassner, C/O

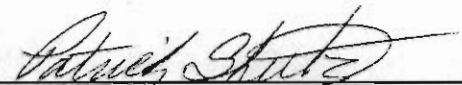
Testimony : N/A

Decision : Guilty

Rational : Do to the Officers report I feel that the Inmate was aware of his LOAP and in that case he is found guilty of the charge

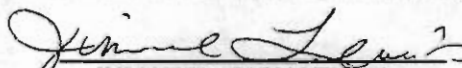
Sanctions: N/A

HEARING OFFICER'S SIGNATURE

  
Sheets, Patrick

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer. I may appeal the decision of a Class I Hearing to the facility administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision.

I ☐ DO ☒ DO NOT INTEND TO APPEAL

  
INMATE's SIGNATURE

**ORDER TO IMPLEMENT SANCTIONS**

- ☒ Inmate does not wish to appeal ☐ Appeal has been denied by Commissioner or Designate  
☐ Sanctions have been modified ☐ Time Limit(72 Hours since hearing) for appeal has expired

It is here by ordered to implement the sanctions:

Sanctions	Start Date	Days	End Date
1. Isolated Confinement	11/07/2004	15	11/21/2004



DR#  
3007576

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

1E #15

**DISCIPLINARY HEARING DECISION**

Inmate : Lewis, Jimmy SBI#: 00506622 Type: Class 1  
Institution: HRYCI Howard R. Young Correctional Institution Hearing Date: 12/12/2004 Time: 18:00

Inmate Present: No Reason(If No): The inmate did not cooperate with the proceedings and was making unreasonable demands.

Violation: 1.25/200.202 Sexual Misconduct, 2.05 Disrespect

Inmate PLEA: Not Guilty

Inmate Statement: None

Witness Name: Miller, Stacey

Testimony : N/A

Witness Name: Ornat, Janet

Testimony : N/A

Decision : Guilty

Rational : Due to the many write-ups of the same nature and the officers report.

Sanctions: N/A

HEARING OFFICER'S SIGNATURE

S. J. Sabato  
Sabato, Joseph

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer. I may appeal the decision of a Class I Hearing to the facility administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision.

I ☐ DO ☒ DO NOT INTEND TO APPEAL

Refused to Sign  
INMATE'S SIGNATURE

**ORDER TO IMPLEMENT SANCTIONS**

☒ Inmate does not wish to appeal

☐ Appeal has been denied by Commissioner or Designate

☐ Sanctions have been modified

☐ Time Limit(72 Hours since hearing) for appeal has expired

It is here by ordered to implement the sanctions:

Sanctions	Start Date	Days	End Date
1. Loss of All Privileges	12/04/2004	90	03/03/2005

FORM #: 125  
(2-part NCR)

JRM #: 127 (F&B)  
 -part NCR)  
 Revised: 6/01

NOTICE OF DISCIPLINARY HEARING  
 FOR MINOR/MAJOR OFFENSE

To be completed by  
 Hearing Office  
 DR 3007183

TO: Inmate: LEWIS JIMMY SBI#: 506600 HOUSING UNIT: 1A7F

1. You will be scheduled to appear before the Hearing Office to answer charges pending against you. (Staff are to explain the charges as listed on the 122.)
2. At that time, a hearing will be held to determine whether you violated Institutional Rule(s) as alleged in the attached Disciplinary Report.  
 How do you plead? ☐ Guilty ☒ Not Guilty
3. A "Minor Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Written Reprimand
  - b. Loss of one or more privileges for a period of time of more than 24 hours but less than 5 days.
4. A "Major Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Loss of one or more privileges for a period of more than 15 days but less than 90 days.
  - b. Confinement to assigned quarters for a period of time not to exceed 30 days.
  - c. Isolation confinement for a period of time not to exceed 30 days.
  - d. Loss of good time for a period not to exceed 30 days.  
 (Forfeiture of accumulated good time shall be subject to the approval of the Commissioner or his designee.)
5. You have the right in the disciplinary process as stated on the lower and back of this page. These have been fully explained to you at the time of this notification.
6. Counsel requested? ☐ Yes ☒ No Name of Counsel: \_\_\_\_\_
7. Witness requested? ☐ Yes ☒ No Name(s) of Witness: \_\_\_\_\_
8. Confront accuser? ☒ Yes ☐ No

I certify that on 11-07-04 at 1125, I served  
 (date) (time)

upon the above inmate this notice of Disciplinary Hearing for Minor/Major Offense and (2) the Disciplinary Report is attached hereto.

I have received copies of 122 & 593 and understand my rights as Form #593 has been read to me.

[Signature]  
 (Employee's Signature & Title)

[Signature]  
 (Inmate's Signature)

INMATE RIGHTS IN THE DISCIPLINARY PROCESS

MINOR OFFENSE

Right to Remain Silent: If you are charged criminally based upon the same facts giving rise to the disciplinary process, you have the right to remain silent at the Disciplinary Hearing. In all other circumstances, silence at the Disciplinary Hearing may be considered against you.

Presence: You have the right to be present at all phases of the hearing, except that you may be excluded during the Hearing Officer's deliberations and at any time your behavior becomes disruptive to the proceedings. Reason for such exclusions shall be stated in writing.



DR#  
3004452

1301 E. 12th Street  
WILMINGTON DE, 19809  
Phone No. 302-429-7700

**DISCIPLINARY HEARING DECISION**

Inmate : Lewis, Jimmy

SBI#: 00506622 Type: Class 1

Institution: HRYCI Howard R. Young Correctional Institution

Hearing Date: 04/25/2004 Time: 11:39

Inmate Present: Yes Reason(If No): N/A

Violation: 1.06/200.203 Disorderly or Threatening Behavior, 1.13 Fighting

Inmate PLEA: Not Guilty

Inmate Statement: I/M Lewis stated that he and I/M Davis exchanged some words. I/M Davis approached him and he felt threatened. He then threw a punch and hit I/M Davis. He backed off before I/M Davis could retaliate. They were then both ordered by the officer to lock in and complied.

Witness Name: Armstrong, Archie

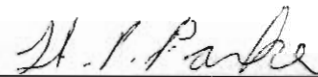
Testimony : N/A

Decision : Guilty

Rational : I/M Lewis admitted to hitting I/M Davis. Although the officer states in the report that punches were thrown, he told me that he only witnessed I/M Lewis throw a punch.

Sanctions: N/A

HEARING OFFICER'S SIGNATURE



Parker, Phillip

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer. I may appeal the decision of a Class I Hearing to the facility administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision.

I ☐ DO ☐ DO NOT INTEND TO APPEAL

INMATE's SIGNATURE

**ORDER TO IMPLEMENT SANCTIONS**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Inmate does not wish to appeal | <input type="checkbox"/> Appeal has been denied by Commissioner or Designate       |
| <input type="checkbox"/> Sanctions have been modified              | <input type="checkbox"/> Time Limit(72 Hours since hearing) for appeal has expired |

It is here by ordered to implement the sanctions:

Sanctions	Start Date	Days	End Date
1. Isolated Confinement	04/23/2004	30	05/22/2004

WILMINGTON DE, 19809

Phone No. 302-429-7700

**DISCIPLINARY REPORT**

EXHIBIT R, P.1

Disciplinary Type: Class1Housing Unit: InfirmaryIR#: 3006591

SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00506622	Lewis, Jimmy	HRYCI	Pod 1D	04/23/2004	09:50

Violations: 1.06/200.203 Disorderly or Threatening Behavior, 1.13 FightingWitnesses: 1. Armstrong, Archie2. N/A3. N/A**Description of Alleged Violation(s)**

On Or About 4-23-04 At Approximately 0950, On 1-D-Pod, I/M Davis, William Sbi# 00162762, Cell#15 And I/M Lewis, Jimmy Sbi# 00506622, Cell#5 Were Arguing On The Dayroom Floor, During Chow. It Became Disorderly And Threatening, Then Punches Were Thrown By Inmates. I C/O Armstrong Gave Both Inmates A Direct Order To Lock-In. Both Inmates Proceeded To Lock-In With No Further Problems.

Reporting Officer: Armstrong, Archie (Correctional Officer)**Immediate Action Taken**Immediate action taken by: Armstrong, Archie -Correctional Officer

Notified Lead Worker

**Offender Disposition Details**Disposition: OtherDate: 04/23/2004Time: 12:48Cell secured? YesReason: N/ADisposition Of Evidence: N/A**Approval Information**Approved: ☐ Disapproved: ☐ Approved By: ( )Comments: N/A**Shift Supervisor Details**Date Received: 04/23/2004Time: 12:48Received From:   **Shift Supervisor Determination:**

- ☐ Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for        hours not to exceed 24 hours)
- ☒ Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearing

, ( )

I have received a copy of this notice on DATE: 4/23/04 TIME: 1245 and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.

**Preliminary Hearing**

Officer:

Sergeant Fred III  
Way, Fred III

Offender:

Lewis, Jimmy

I just recently was transferred to 1-A pod from 1-E; while I was on 1-E Richard Lewis was my room-mate for a week or so. In that week he decided that he should not be incarcerated and began making kicking the doors!!! This continued for three to four days before I asked him as nicely as I could to stop banging on the door! This caused a conflict between the two of us before the pod officer, % Charles intervened and moved inmate Richard Lewis into a different cell.

The dilemma now is Richard Lewis is on this pod with his brothers and friends. also, Richard Lewis seems to be screaming. I only seek to prevent any incident that may occur for which blame may be placed upon me.

I hereby request to speak with a lead worker or a Lt in regards to this matter

James Lewis

1A-2

3/4/05 8:25





STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
MULTI-PURPOSE CRIMINAL JUSTICE FACILITY  
1301 E. 12<sup>TH</sup> STREET  
WILMINGTON, DE 19809

TELEPHONE: (302) 429-7700

FAX: (302) 429-7707

**TRANSFER TO ADMINISTRATIVE SEGREGATION**

NAME: Lewis, Jimmie SBI NUMBER: 506622  
DATE OF ORDER: 5/3/04 CURRENT LOCATION: Infirmery 197  
TIME OF ORDER: 1714 NEW LOCATION: TBD

You are hereby being placed on administrative segregation for the following reason (s):

           A threat / potential threat to the security and safety of this facility.

XXX Your unacceptable / acting out behavior.

           The threat or potential threat of physical harm from others.

           Pending a complete investigation for a security violation.

COMMENTS: You are being placed on administrative segregation because of your continuous acting out .

**APPROVING AUTHORITY (STAFF LIEUTENANT OR ABOVE):**

Captain D. Bamford DRB  
**STAFF TITLE AND SIGNATURE**

**DISTRIBUTION**

Original: Warden via Deputy Warden  
Copy: Linda Hunter, Health Services Administrator  
Counselors via Pam Faulkner-Minor, Counselor Manager  
Primary Control/Movement Log Officer  
Housing Unit - Module Control  
Resident

TO: Jimmy [unclear] SBI: 00506622  
DATE: 4-7-05

From: CLASSIFICATION OFFICE

RE: INITIAL CLASSIFICATION

This is to inform you that the Multi-Disciplinary Team (MDT) has classified you to **MAXIMUM** security. You will be required to complete your treatment plan and follow Institutional rules. Negative behavior, excessive write-ups, or failure to complete your treatment plan may lengthen your stay in a higher security level. You will be assigned a Quality of Life Level (QLL) and an individual treatment plan by your assigned building counselor, who will monitor your progress. Direct questions to your counselor.

**NOTE: This classification is subject to a higher review.**

Inmate Signature: [Signature]  
Date: 4-7-05

Next Review: 6/05  
RA Score: Re: 6/05, 12pt.

Three Part Form  
Original: Records  
Pink: File  
Yellow: Inmate  
FORM# 960 (3 pt)

HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
RECEPTION AND DIAGNOSTIC UNIT (RDU)  
CLASSIFICATION/TREATMENT DEPARTMENT

# MEMORANDUM

To: JIMMY LEWIS -----

# ---506622-----

STRD\_11/01/08\_\_\_\_\_

From: LT L. JONES

Re: Classification

On 02/28/05 you were recommended by the MDT Board for: (items checked only)

☐ Community (WR) ☐ Minimum ☐ Medium ☒ Maximum security.  
0 - 4 pts 0 - 8 pts 9 - 16 pts 17 pts or more

☐ VOP Center ☐ WCF ☐ HRCI ☒ DCC ☐ SCI

☐ DUI Program ☐ Key North ☐ New Visions ☐ YCOP

☐ Lifeskills ☐ PRC ☐ Alternative To Violence Program (AVP)

☐ Mental Health ☐ Mental Health w/Sex Offenders Group

☐ Mental Health w/Anger Management

☐ Education ☐ Workpool ☐ Greentree ☐ Personal Challenges

☐ Family Problems ☐ Substance Abuse Reality (SAR) ☐ Transition Unit (1D)

☐ Note: open charge(s) in file ☐ English as a Second Language Program

Note: You were override to maximum, due to your many class one write up.

This **recommendation** will now go to the Central Institutional Classification Board (CICB) for **approval** or **disapproval**.

**NOTE: You will receive notification from the CICB ONLY if they disapprove the MDT recommendation.**

*LT JONES*

3/3/05

Date

Appendix E

## DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate James Williams, SBI# 506622, Housing Unit SHU  
 VIA: Counselor 20-012  
 FROM: I.B.C.C.  
 DATE: 8/16/05  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Med HC, MA PR, TFC

The I.B.C.C.'s decision is to:

☒ Approve Cont Max Max Programs  
☒ Not Approve Med High MA, IR TFC  
☐ Defer  
☐ Recommend  
☐ Not Recommend

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev: 08/06

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

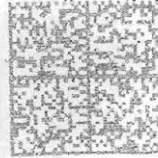
1/M JIMMIE LEWIS

SBI# 504622 UNIT A-U-7

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



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U.S.M.S.  
X-RAY

JUDGE GREGORY M. SLEET

UNITED STATES DISTRICT COURT

844. N. KING ST, LOCKBOX 19

WILMINGTON, DELAWARE

19801